

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : ADVANCE CORPORATE SERVICE, INC.
Account Number : I20070000146
Phone : (305)406-3800
Fax Number : (305)406-3999

CORPORATION REINSTATEMENT

UNIVERSE TRAVEL & TOURS, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
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\$300.00

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

09 SEP 28 PM 3:33

DOCUMENT # P95000017258

1. Corporation Name

UNIVERSE TRAVEL & TOURS, CORP.

KS

REINSTATEMENT 08-09

2. Principal Office Address - No P.O. Box # 801 BRICKELL KEY BLVD

3. Mailing Office Address 801 BRICKELL KEY BLVD

Suite, Apt. #, etc. #1512

Suite, Apt. #, etc. #1512

City & State MIAMI FL

City & State MIAMI, FL

Zip 33131

Country US

Zip 33131

Country US

4. Date Incorporated or Qualified To Do Business in Florida 03/01/95

5. FEI Number 650563094 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name Carlos A. Molina

Street Address (P.O. Box Number is Not Acceptable) 801 BRICKELL KEY BLVD

Suite, Apt. #, Etc. #1512

City MIAMI

State FL Zip Code 33131

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 807.0505 or 617.0503, F.S.

Signature of Registered Agent Carlos Molina Date 9/28/09 REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Table with 4 columns: Titles, Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Row 1: P, CARLOS MOLINA, 801 BRICKELL KEY BLVD #1512, MIAMI, FL 33131

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 807.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Carlos Molina Date 9/28/09 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

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